

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 17 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9851

State File No. 1285

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kew  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5612 E 15th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No (Specify, whether  
In this community 20 yrs.  
years, months or days)

3. (a) PRINT FULL NAME Dennis Edward Fisher 260

8. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cora Fisher 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased Nov 26 1882  
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 26 If less than one day  
hr. min.

9. Birthplace Bates County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Tavern operator

11. Industry or business Tavern

12. Name Ehnus Fisher  
13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Stayback  
15. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Fisher

(b) Address 5612 E 15th St.

17. (a) Burial (b) Date thereof 3/25/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director John P. Sheil

(b) Address 6606 Inden Ave. Kansas City, Mo.

19. (a) Mch 24, 1940 (b) M. H. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limit, write "RURAL")  
(d) Street No. 5612 E 15th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 22  
year 1940 hour 2:45 a.m.

21. I hereby certify that I attended the deceased from Nov. 1938  
to March 21, 1940  
that I last saw him alive on March 21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to Far advanced  
Due to 23

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature C. B. Sullivan (M. D. or other)  
Address 1022 E. 15th St. Date signed 3/13/40

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John P. Shiel*

Licensed Embalmer No. *3625*

P. O. Address *Kansas City*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**